## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

[x] Declaration submitted w [ ] Declaration submitted at		charge (37 CFR 1.6(e) re	equired))			
First Named Inventor: Pr	edieri Moreno					
COMPLETE IF KNOWN:						
Application Number:		<del></del>				
Filing Date:						
Group Art Unit:		•				
Examiner Name:	···					
As a below named inventor	, I hereby declare tha	at:				
My residence, post office as and sole inventor (if only of below) of the subject matte	one name is listed be	low) or an original, first	and joint invent	or (if plural n	ames are listed	
ASSEMBLY AND METHO	<del></del>		AND CUTTING	STRETCH 1	FILM	
	(	Title of the Invention)	•			
the specification of which [ *\frac{1}{2} is attached here OR						
[] was filed on (M International Application N	IM/DD/YY) lumber	as United States A _ and was amended on (	pplication Numb MM/DD/YY)	per or PCT (in	f applicable).	
I hereby state that I have rev as amended by any amendn material to patentability of	nent specifically refer	red to above. I acknowl				
I hereby claim foreign prior inventor's certificate, or 36: the United States of Americ for patent or inventor's cer application on which priori	5(a) of any PCT Inte ca, listed below and h rtificate, or of any P	mational application wh ave also identified below	ich designated a	t least one cou e box, any fore	ntry other than	
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached? Yes No		
FI2002A000225	Italy	11 /18/02			·	
·						

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)			
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

[X] Customer Number 21831

Direct all correspondence to:

[X] Customer Number 21831

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

Given Name (first and	middle [if any])	Family Name of	r Surname			
Moreno		Predieri				
Inventor=s Signature _	Mario	Geden'	Date Apr	<u>il 14, 2</u> 0	05	
Residence: City Rim	ini	State Italy	Country It	aly	Citizenship	Italian
Post Office Address	Via Cesare	Pavese, 5				
	fraz. Cera	solo Ausa 4785	52 Coriano	RIMINI -	Italy	

NAME OF ADDITIONAL JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Family Name or Surname Giovanni Bevilacqua Inventor=s Signature Date \_\_April &14, 2005 State Italy Country Italy Citizenship Italian Residence: City Riccione Via Trebaci, 26 Post Office Address \_ 47838 RICCIONE - Italy NAME OF ADDITIONAL JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Family Name or Surname Inventor=s Signature Date \_\_\_\_\_ Residence: City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_ Citizenship \_\_\_\_ Post Office Address NAME OF ADDITIONAL JOINT INVENTOR, IF ANY: Given Name (first and middle [if any]) Family Name or Surname Inventor=s Signature \_\_\_\_\_ Date \_\_\_\_\_ Residence: City \_\_\_\_\_ State \_\_\_\_ Country \_\_\_\_ Citizenship \_\_\_\_ Post Office Address